

incision, but into the whole extent of the canal, of a tent of lint or charpie, without which its permeability cannot be maintained.

Supposing the above indications to be correctly laid down, they serve to show the erroneousness of the present practice, viz., the projecting the point at which an incision is to be made on a grooved conductor, and cutting down upon it from without inwards. This is sometimes difficult, and causes unnecessarily large incisions, and undue manipulation of the part. It is, in the author's opinion, a capital error to incise from without inwards; and, after having ascertained, by means of a probe, the direction of the sinus and that of the desired opening, he passes in a small trocar with its canula, not exceeding a probe in size, and, having reached the extremity of the sinus, thrusts the trocar forward with some degree of force, so as to make its point appear through the skin at the desired place, after which he removes it, leaving the canula *in situ*. The incision, however, usually requires further dilatation, and to this end he places the point of a straight bistoury in the end of the canula, which projects externally, and by pushing in the one while he withdraws the other, the entire track of the wound is equally enlarged. The canula is again introduced for the purpose of affixing the tent to it.—*Brit. and For. Med.-Chirurg. Rev.*, July 1849, from *Gazette Méd. de Paris*, 1849, No. 1.

41. Successful Treatment of Morbus Coxæ, in its first stage, by Mercury.—Dr. BELLINGHAM communicated to the Surgical Society of Ireland (April 28, 1849,) three cases of morbus coxæ, in the first stage, successfully treated by mercury, with some very interesting remarks upon the advantage of this method of treatment, and upon the infrequency of laxation of the head of the femur, in the third stage of this disease.

It is scarcely necessary (Dr. B. remarks) to say that the treatment in the cases he narrated, and which proved so satisfactory, was introduced by Dr. O'Beirne, of this city. It is scarcely necessary either to observe that, until the year 1834, when Dr. O'Beirne called the attention of the profession to the great value of mercury in ulceration of the cartilages of joints, this medicine was supposed to be contra-indicated in such cases—nay, it was considered to be unsafe practice to push mercury to the extent of salivation in this and similar diseases, which were regarded as of a highly scrofulous nature, until he led the way, showed its perfect safety, and demonstrated its superiority over the other measures previously in use.

That mercury, given until the system is brought under its influence, is capable of cutting short morbus coxæ in its early stage, the cases originally published by Dr. O'Beirne, and which have appeared since, sufficiently prove: yet, notwithstanding the strong testimony in its favour, this plan of treating the disease does not appear to be carried out to the extent it deserves; and I have brought the foregoing cases before the Society with the object of recalling the attention of surgeons to its value in this disease.

When we bear in mind how much pain and suffering attends morbus coxæ, if it is allowed to pursue its ordinary course, and this not for days only, but often prolonged through weeks, or months, or years; and that when the patient recovers, he recovers with a shortened, deformed, and wasted limb, which incapacitates him from filling any active employment, while the disease in some instances has a fatal termination, we can appreciate the importance of the improvement in its treatment introduced by Dr. O'Beirne, by which the disease is cut short in its first stage, the pain and suffering to which the patient would otherwise have been exposed avoided, and a cure without any deformity brought about.

In order to insure all the benefit which mercury is capable of effecting, the treatment should be commenced at as early a stage of the disease as possible. Mercury, although almost a specific in one stage of this complaint, cannot be expected to have such an effect when the disease has advanced to complete disorganization of the joint—indeed, the same remark applies to many other diseases, and to many other remedies besides mercury in morbus coxæ; a medicinal substance which is an active remedy in one stage, proving either useless or positively injurious in another stage of the same disease. This perhaps

may be one reason why a plan of treatment which possesses so many advantages, is not more generally adopted; it unfortunately too often happening either that the patient neglects to seek advice in time, or the disease is overlooked or mistaken in its early stage, and the treatment is only commenced at a period of the disease when the same amount of benefit cannot be expected from the exhibition of mercury.

In order to insure the beneficial effects of mercury in *morbus coxae*, it is absolutely necessary that the joint should be maintained in a state of perfect rest; the patient is of course to be confined to bed, and all motion strictly prohibited. When the treatment has failed, it has probably been owing more to neglect of this precaution than of any other. It is impossible in the majority of cases to make either the patient or his parents comprehend the necessity for absolute rest of the joint; as soon as the patient obtains some relief from pain, he is inclined to get up and move about; and his parents, under the influence of old-fashioned prejudice, that "confinement to bed will weaken him," do not interpose to prevent it: the consequence is, that the disease progresses, and the mercurial plan of treatment is brought into undeserved discredit. For this reason, the treatment of private patients labouring under this disease is less satisfactory than of hospital patients: in the latter we can enforce the measures which we consider necessary, and we are sure that they will be carried out; whereas in private practice most of those whom I address probably know from experience that we seldom can have the same assurance.

In the majority of cases, it appears to me to be advisable, in addition, to take blood from the vicinity of the joint by means of leeches or cupping, or both, and the nearer to the affected part the better; hence leeches over the front of the articulation often give more relief than cupping above the trochanter. The local abstraction of blood is not absolutely necessary, as Dr. O'Beirne has shown, but as it generally contributes to relieve the pain, I have always employed it. Subsequently, counter-irritation, by means of blisters in the vicinity of the joint, will generally be advisable; they were employed in each of the cases detailed above.

Notwithstanding that the plan of treating *morbus coxae* by bringing the system quickly under the influence of mercury, has been before the profession for some years; and although it possesses many advantages over other modes of treating this disease, surgical writers do not appear to be aware of its full value. If we turn to works on surgery, or to special treatises upon this disease, we find it insisted on by few, the name of the surgeon who introduced the practice hardly mentioned, and scarcely a reference to the published cases which have been successfully treated in this country; arguing either that surgical writers are not generally aware of its advantages, or if they have employed it, they cannot have done so at the period of the disease to which the treatment is most applicable, or observed the precautions in its administration originally pointed out by Dr. O'Beirne.

In the foregoing remarks, I have confined myself to the immediate subject of my communication to the Society, and have contented myself with noticing the power which mercury possesses of cutting short hip-joint disease in its first stage, and of thus saving the patient from the pain which he would necessarily have undergone, and from the deformity which would have ensued, if the disease had been allowed to pursue its usual course. I am aware that Dr. O'Beirne has employed mercury with equally beneficial results in the more advanced stages of this disease, as well as in ulceration of the cartilages of other joints, and that since the year 1834, when he first called the attention of the profession to it, his experience of its value has been most ample; and I shall only add, that I hope he has not forgotten the promise he then made, to communicate to the profession the results of his further experience of mercury in these diseases.

When *morbus coxae* has gone through its several stages, shortening of the limb to a greater or a less extent is always the result, and the shortening and deformity are always more considerable if the patient was very young at the period of the attack than when the disease occurs after the bone has arrived at its full development. Until within a few years the shortening of the limb was

explained by the luxation of the femur on the dorsum ilii, which was believed always to take place, in consequence of the acetabulum being widened and the head of the bone diminished in size by the destruction of the articular cartilages and caries of the bones, when the muscles inserted about the great trochanter were supposed to draw the head of the bone out of the acetabulum upon the dorsum ilii—in fact, from the constancy with which this was believed to occur, the disease was named by the French surgeons “Spontaneous dislocation of the head of the femur,” under which title it is described in Boyer’s treatise on Surgery.

The results of more recent pathological investigations have shown that dislocation of the femur occurs less frequently than was at one time supposed; I believe myself that it is a rare result, and as I have some specimens of the disease here which illustrate it (which I wish to present to the museum of the College), I will take the opportunity to make one or two remarks upon the point in question.

Those who look upon spontaneous luxation of the head of the femur as the ordinary result of *morbus coxae*, appear to me to argue as if they supposed the muscles about the hip-joint to be in no way implicated in the disease; and that as soon as the acetabulum becomes widened, and the head of the femur diminished by caries, these muscles come into play, and draw the head of the bone out of its socket. Now, we know that, in the early stage of this disease, the glutæi muscles are wasted and flaccid, and that when the disease has advanced to the formation of matter, all the parts are more or less agglutinated. It is obvious, therefore, that the glutæi muscles, which are atrophied from the first, and suffer along with the other tissues in the advanced stage of the disease, must be incapable of acting as they would in health; while, even if their fibres were unaltered, as long as the capsular ligament preserves its attachments, they could not draw the head of the bone upon the dorsum ilii. Spontaneous luxation of the head of the femur consequently, instead of being a common effect of *morbus coxae*, ought to constitute the exception to the general rule, and should only be observed in very young subjects, in whom, from the condition of the bones, caries make greater ravages; and in such even it probably seldom occurs unless some exciting cause capable of producing it comes into operation at the period.

The preparations upon the table are four in number. In three of these, I may observe, the left hip-joint was the seat of the disease, as it was also in two of the three cases I have detailed to the Society. These morbid specimens were taken from subjects who died at variable periods after the disease had run its course. One is from a man in whom the disease had gone through its stages, ending in ankylosis, twenty years previously, and who, up to his last illness, had been able to earn his bread as a labourer. The head of the bone has not left the acetabulum, and osseous matter in great abundance has been thrown out around it.

The second is from a young female who lived for six or seven years afterwards, and died of disease of the brain. The third is from a boy who died of dysentery before ankylosis had been quite completed. In the two latter preparations, it will be seen that the head of the femur has not been destroyed, nor has it escaped from the acetabulum, but it rests against its upper edge, the greater part of the head of the bone being still in the cavity, while osseous matter has been thrown out about it, uniting the two bones to one another here.

The other preparation is from a boy, aged 11, who died in the advanced stage of the disease; in this instance the right hip-joint was engaged, and dislocation of the head of the femur upon the dorsum ilii had taken place shortly before death; the acetabulum, it will be seen, is very shallow, and the head of the femur diminished in size. This patient, I may observe, laboured also under scrofulous disease of the kidney on the same side, pus was passed with the urine, and on examination the pelvis of the kidney was found to be enlarged and full of pus; the ureter also was increased in size, and its coats much thickened. He had suffered during life from symptoms simulating urinary calculus, and the coats of the bladder were found to be thickened, and its

mucous membrane ulcerated. Here no attempt at ankylosis had been made, as the patient died very soon after the luxation occurred; the point where the head of the femur rested upon the dorsum ilii is marked by a different shade of colour from the rest of the bone.

As I am upon the subject, I would wish to make one remark upon an operation which was practiced many years since by the late Mr. Hewson of this city, and which has been recently revived—I allude to excision of the head of the femur in certain cases of morbus coxae in its advanced stage. Now, this operation, I presume, would not be undertaken unless dislocation of the head of the femur had taken place, and as this appears to be rare, the cases must be few in which it could be called for. In addition, before luxation of the head of the femur can occur, the acetabulum must be implicated in the disease as much as the femur. I cannot understand, therefore, what great benefit can be expected to result from the operation unless the whole of the carious bone can be removed, which is out of the question. I can understand, indeed, that if the head of the bone becomes detached by the caries, its removal as a foreign body may be required; or that the incision down to the diseased bone in the operation, by allowing a more ready outlet to the matter, may relieve the constitutional irritation, and dispose the parts to recover themselves; the latter end could, however, be accomplished by milder measures; and notwithstanding the high authority under which this operation has been reintroduced, it is one which it is obvious can be very seldom necessary, and from which the benefit to be expected must at best be doubtful.

Dr. Henry Kennedy, referring to the employment of mercury in this disease, observed, that it was a mistake to suppose it was universally attended with success, for it was well established that cases were met with in which it did not exactly answer. Two or three such instances had fallen under his own notice. In one of them the disease proceeded in its course though the patient was brought under the full influence of mercury; and in the other, after a temporary improvement, a relapse occurred at the end of a week, and the disease then went on as in the former instance.—*Dublin Medical Press*, May 30, 1849.

42. *Syphilitic Tubercles on the Larynx—Tracheotomy—Cure.* By M. RICORD.—A man, thirty-three years of age, was admitted, on the 5th of June, 1849, into the Hôpital du Midi, with tertiary syphilitic symptoms. His left shoulder and arm were affected with a tubercular eruption, and the scrotum presented the same condylomatous aspect. There was, besides, great dyspnoea and loss of voice. These symptoms were referred to an indurated urethral chancre, contracted in 1838, for which no mercurial treatment had been used. M. Ricord diagnosed syphilitic tubercles in the larynx, similar to those appearing on the shoulder and scrotum, resting his diagnosis on the following reasons: The tubercles had existed these four years, and the hoarseness and dyspnoea three and a half, though the latter had become aggravated only two months ago. No member of the patient's family, either living or dead, had ever had any symptoms of consumption, and the examination of the chest (very imperfect, from the noisy breathing) presented only a very slight dullness under the left clavicle. The man was put on the usual treatment of tertiary symptoms—viz., on iodide of potassium; and it was hoped that the well-known and rapid effects of this salt on tertiary syphilis would obviate the necessity of tracheotomy. But the very next day after admission, the patient was seized, towards the evening, with such fearful fits of dyspnoea, that he walked about the gardens and yards the whole night, gasping for breath. At 7 o'clock in the morning, when M. Ricord began his visit, it was evident that no resource but tracheotomy was left; and though the eminent surgeon was ill of cholericine, and his pupils were entreating him to allow one of his colleagues to act in his stead, he made preparations to operate at once. The patient could hardly draw his breath when he was brought in; and scarcely had M. Ricord begun his incision, when the subject was perceived to be a corpse. This was an awful moment, and the bystanders thought all was over with the poor man, when M. Ricord rapidly cut away four rings of the trachea from the cricoid cartilage downwards; and